

MCPSS

MEDICARE CONTRACTOR PROVIDER
SATISFACTION SURVEY

CENTERS FOR MEDICARE & MEDICAID SERVICES

MCPSS 2006 Results

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY (MCPSS) NATIONAL IMPLEMENTATION 2006

EXECUTIVE SUMMARY

The Centers for Medicare and Medicaid Services (CMS) is responsible for the administration of the Fee-for-Service (FFS) Medicare program and does so primarily through Medicare FFS Contractors (Contractors). As Medicare's agents, these Contractors are responsible for administering the Medicare program by processing claims and performing other related functions to ensure prompt and accurate payment for Medicare-covered services. The relationship and interactions between providers and Contractors are critical to ultimately ensuring health care security for beneficiaries. One way to understand these relationships is to look at providers' satisfaction with the Contractors that service them.

The Medicare Contractor Provider Satisfaction Survey (MCPSS) is one of the tools CMS will use to measure provider satisfaction levels, as a result of the Medicare Modernization Act (MMA) of 2003. It was developed with extensive input from providers, Contractors, and content area experts within CMS. CMS conducted the first National implementation of the MCPSS in January 2006. The purpose of the 2006 national implementation was to garner quantifiable data on provider satisfaction with the performance of Contractors. Specifically, the study enabled CMS to gauge provider satisfaction with the key services performed by Contractors that process and pay the more than \$280 billion in Medicare claims each year. The goals of the MCPSS are to:

- Ensure that providers are receiving satisfactory service from Contractors;
- Use survey results to continually design and implement process improvement initiatives; and
- Establish a uniform measure of provider satisfaction with Contractor performance.

The initiative, MCPSS, will be administered on an annual basis.

The key findings from the 2006 national implementation are:

- **Average overall satisfaction was high**, ranging from 4.4 to 5.0 out of 6 depending upon the Contractor type, with 6 being the highest satisfaction and 1 being the lowest.
 - At least 85 percent of the responses were in the 4 to 6 range for all Contractor types.
 - Among the four Contractor types, Regional Home Health Intermediaries (RHHIs) had the highest scores.
- **Strong Predictors of Satisfaction**
 - For Fiscal Intermediaries (FIs) the predictors are provider inquiries, claims processing, and provider audit and reimbursement.
 - For Regional Home Health Intermediaries (RHHIs) the predictors are provider inquiries, claims processing, and provider audit and reimbursement.
 - For Carriers the predictors are provider inquiries, claims processing, and medical review.
 - For Durable Medical Equipment Contractors (DMERCs) the predictors are provider inquiries, claims processing and medical review.

The remainder of this report presents a discussion of the results of the 2006 national implementation and includes:

- An overview of the survey methods and data collection results;
- An overview of the scores across Contractor and provider types;
- Detailed score card results across all Contractors; and
- The factors most strongly associated with providers' overall satisfaction with the Contractors.

CHAPTER 1

SURVEY METHODS AND DATA COLLECTION RESULTS

The Centers for Medicare & Medicaid Services (CMS) conducted the first national implementation of the MCPSS in January 2006. The purpose of the 2006 national implementation was to garner quantifiable data on provider satisfaction with the performance of Contractors. Specifically, the study enabled the CMS to gauge provider satisfaction with the key services performed by Contractors that process and pay the more than \$280 billion in Medicare claims each year.

The target population for the 2006 national implementation consisted of all Medicare providers served by 42 different Contractors. These Contractors comprised FIs, RHHIs, Carriers, and DMERCs. Of the 1.2 million Medicare providers who render services to Medicare beneficiaries, a random sample of 28,835 Medicare providers was selected for the 2006 national implementation.

Outreach Activities: For the 2006 national implementation, CMS took an aggressive approach to create awareness about the MCPSS. To meet the study's marketing and communication needs, CMS worked with a public relations firm to develop and implement an aggressive outreach plan that created awareness for the 2006 national implementation among financial and business managers employed by Medicare providers and Contractors and brand recognition for future implementations. CMS also continued the outreach activities that started with the 2005 MCPSS pilot where the agency requested the assistance of the Contractors to disseminate information to their providers about the MCPSS.

Data Collection: Prior to data collection, each sampled provider received a survey notification packet in the mail which provided information about the MCPSS and instructions on how to access and complete the online survey instrument. Although the Web was the primary mode of data collection, the implementation was a multimode study. Providers could also request a paper copy of the survey instrument at any time during the study and could mail or fax back their completed survey instruments. Westat followed up by telephone with providers who did not complete the Web survey or the paper copy.

Regardless of the mode of data collection, all versions of the survey instrument contained the same 76 questions, presented the questions in the same order, and took approximately 21 minutes to complete. The survey instrument covered seven key areas of the interface between the providers and their Contractors: provider inquiries, provider communication, claims processing, appeals, provider enrollment, medical review, and provider audit and reimbursement. Not all the service areas were relevant for all Contractors. The survey instruments were hence designed to ask only about the relevant services rendered by the Contractor to their providers.

Data Collection Results: Data collection for the 2006 national implementation started on January 3, 2006 and ended on May 5, 2006. The effort yielded 16,121 completed surveys and a final survey response rate of 64.8%. Table 1-1 provides a summary of the unweighted response rate by Contractor type.

Table 1-1: Summary of Response Rates by Contractor Type

Contractor Type	Total Sample	Completed Surveys	Response Rate (%)
FI	13,041	6,532	64.1
RHHI	1,940	1,302	76.8
Carrier	11,502	6,620	61.4
DMERC	2,352	1,667	72.9
Total Sample	28,835	16,121	64.8

CHAPTER 2

OVERVIEW OF 2006 RESULTS

This chapter presents the summary results across all Contractors. To understand how the scores are presented, below are the configuration of Contractors and provider types and a brief overview of the survey instrument. The remainder of the section describes the summary results.

Background

The 2006 survey instrument included providers served by 26 FIs, 4 RHHIs, 19 Carriers, and 4 DMERCS. Table 2-1 shows the list of all Contractors by each of the four Contractor types.

Table 2-1: Listing of Contractors by Contractor Type

Carriers	Fiscal Intermediaries
AdminaStar Federal	AdminaStar Federal
BCBS of Montana, Inc.	Anthem Health Plans of New Hampshire
Blue Cross and Blue Shield of Kansas	Associated Hospital Service
Cahaba GBA	Associated Hospital Service- Massachusetts
CIGNA Government Services	BCBS of Arizona
Empire Medicare Services	BCBS of Georgia
First Coast Service Options	BCBS of Nebraska
GHI	BCBS of Wyoming, Medicare
HealthNow New York, Inc.	Blue Cross and Blue Shield of Kansas
HGSAdministrators	Cahaba GBA
NHIC	Chisholm Administrative Services
Noridian Administrative Services LLC	COSVI
Noridian Administrative Services (Former Regence BCBS Utah)	Empire Medicare Services
Palmetto GBA	First Coast Service Options
Palmetto GBA (RRB)	Highmark Medicare Services

Table 2-1: Listing of Contractors by Contractor Type (continued)

Carriers	Fiscal Intermediaries
Part B Trailblazer	Medicare Part A, BCBSMT
Pinnacle Business Solutions, Inc.	Mutual of Omaha-Medicare Division
Triple S, Inc.	Noridian Administrative Services, LLC
Wisconsin Physicians Service (WPS) Medicare	Noridian Administrative Services (Former Regence BCBS)
Regional Home Health Intermediaries	Palmetto GBA
Associated Hospital Service	Pinnacle Business Solutions, Inc.
Cahaba GBA	Riverbend GBA
Palmetto GBA	TrailBlazer Health Enterprises, LLC
United Government Services, LLC (UGS)	TriSpan Health Services
Durable Medical Equipment	United Government Services, LLC (UGS)
AdminaStar Federal	Veritus Medicare Services
CIGNA Government Services	
HealthNow New York, Inc.	
Palmetto GBA	

Each of these [Contractors](#) serves [multiple provider types](#) and Table 2-2 shows the provider types for which scores are reported.

Table 2-2: Listing of Provider Types by Contractor Type

Carriers	Fiscal Intermediaries
Physicians	Hospitals
Licensed Practitioners	Skilled Nursing Facilities, SNF
Ambulance Services	Rural Health Clinics, RHC
Labs	Dialysis Facilities, ESRD
Other	Other
Durable Medical Equipment	Regional Home Health Intermediaries
Medical Suppliers	Home Health Agencies
Physicians	
Other	

The 2006 MCPSS survey instrument included seven survey sections, each reflecting a different business area/function of the Contractors. The seven areas are:

- **Section A: Provider Inquiries**
- **Section B: Provider Communications**
- **Section C: Claims Processing**
- **Section D: Appeals**
- **Section E: Provider Enrollment**
- **Section F: Medical Review**
- **Section G: Provider Audit and Reimbursement**

These seven key areas are not uniformly applicable across all Contractor types. Table 2-3 presents applicable survey sections by Contractor type.

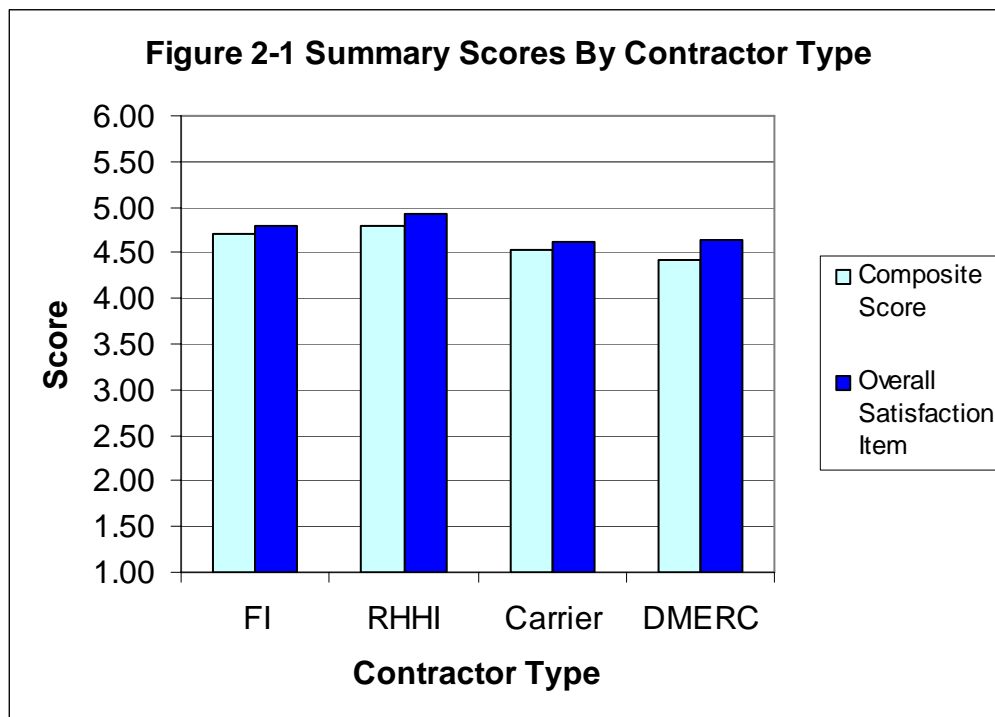
Table 2-3: Applicable Survey Sections by Contractor Type

Contractor Type	Survey Sections						
	Section A: Provider Inquiries	Section B: Provider Comm.	Section C: Claims Processing	Section D: Appeals	Section E: Provider Enroll.	Section F: Medical Review	Section G: Provider Audit & Reim.
FI	X	X	X	X	X	X	X
RHHI	X	X	X	X	X	X	X
Carrier	X	X	X	X	X	X	NA
DMERC	X	X	X	X	NA	NA	NA

The satisfaction questions in each section were presented on a scale of 1 to 6, where 1 was “Not At All Satisfied” and 6 was “Completely Satisfied.” The scores are also presented on this same scale. In addition to the seven sections, the survey included one overall satisfaction item that is used primarily for analyzing predictors of satisfaction. This item is not included in calculating the composite scores. The scores were computed for each Contractor at the Contractor type, as well as by each of the business functions and by the provider types the Contractor serves. Since each of the Contractor types is different, all the analysis has been conducted within the four Contractor types: FIs, RHHIs, Carriers, and DMERCs.

Overall Scores by Contractor Type

In reviewing the scores across all Contractor types, as shown in figure 2-1 RHHIs have the highest scores compared to the other Contractor types. The chart shows two bars for each Contractor type-Composite Score and Overall Satisfaction Item. The Composite Score bar reflects the score based on responses to all applicable sections of the survey. The Overall Satisfaction Item bar reflects the score based on the single overall satisfaction item. In comparing the two bars, the score for the single satisfaction item is higher than the composite score across all Contractor types. This is consistent with most other satisfaction surveys. Respondents tend to be more liberal with overall ratings than with ratings of specific processes.



Overall Scores by Provider Type

Amongst the FIs and Carriers, the Contractors serve a large number of provider types and there is some variation in the scores across them. As shown in Figure 2-2, among FIs, the “Other” (e.g., rehabilitation clinics, community mental health centers, critical access hospitals) group has the highest score at 4.78, followed by Nursing Homes and Rural Health Clinics (RHCs) both at 4.73.

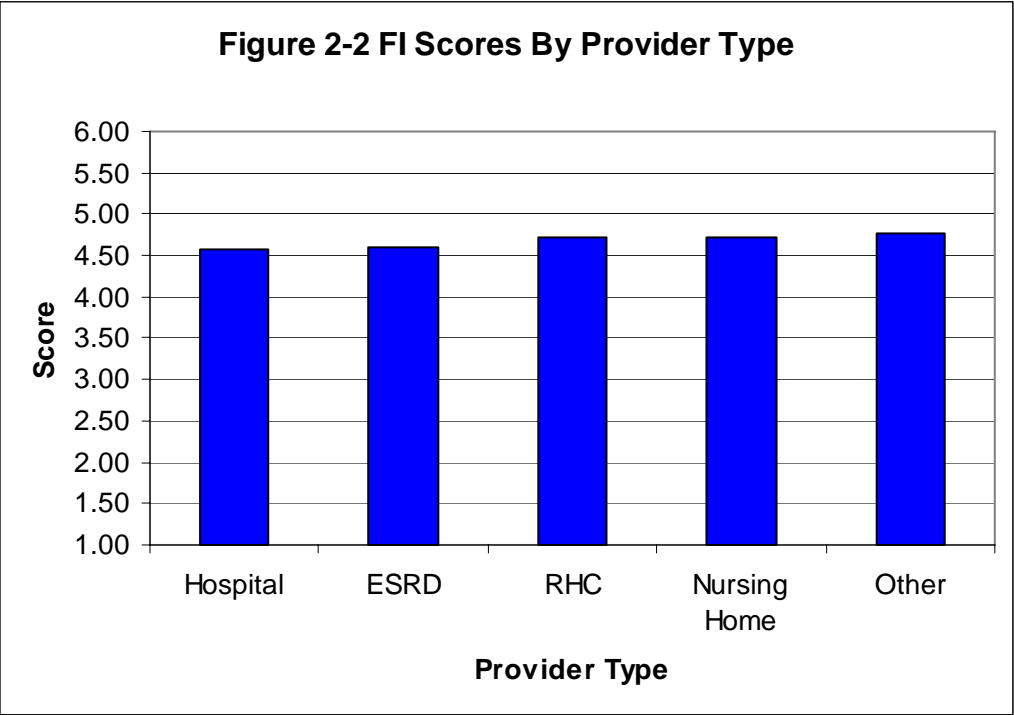
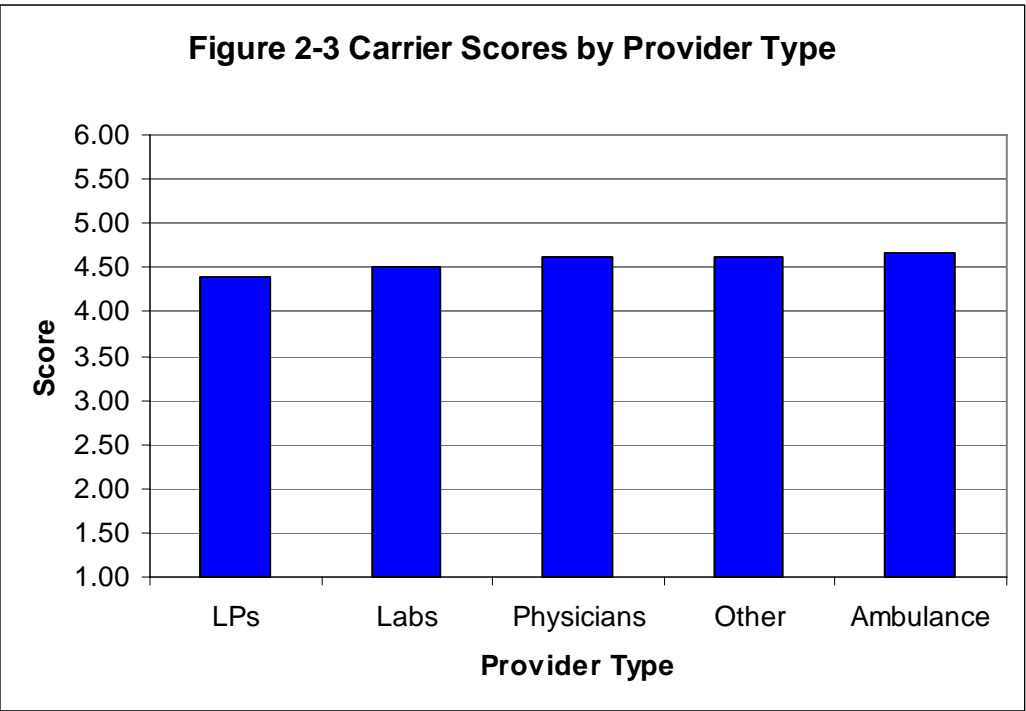


Figure 2-3 shows the scores for the provider types served by Carriers.

As shown in this chart, Ambulance services have the highest score at 4.66.



Overall Scores by Business Functions

The Business Function scores within each Contractor type are also important. Table 2-4 presents the business function scores by Contractor type.

In keeping with their high overall scores, the RHHIs also have higher scores than the other Contractor types across most Business Functions. Their score for appeals is tied with those of the FIs.

Further compared to all the business functions, claims processing has the highest scores across all Contractor types.

Table 2-4: Business Function Score by Contractor Type

Contractor Type	Fiscal Intermediaries	RHHI	Carrier	DMERC
Composite Score	4.71	4.79	4.52	4.43
Inquiries	4.69	4.82	4.56	4.60
Communication	4.49	4.62	4.40	4.30
Claims Processing	4.88	4.97	4.65	4.59
Appeals	4.56	4.56	4.26	4.23
Enrollment	4.79	4.88	4.67	NA
Med. Review	4.72	4.76	4.58	NA
Audit and Reimbursement	4.79	4.90	NA	NA

CHAPTER 3 REPORT CARD

This chapter presents the detailed results across all Contractors by Contractor type. The overall scores and standard errors are presented for each Contractor.

The overall score is a composite that reflects the score based on responses to all applicable sections of the survey. The standard error provides an estimate of how close the Contractor's mean is to the overall mean. This estimate is calculated by dividing the standard deviation by the square root of the sample size. Among all Contractor types there is some variation in overall scores across Contractors.

As shown in Table 3-1, among FIs, COSVI has the highest score at 5.29, followed by Blue Cross and Blue Shield of Kansas at 5.19; the benchmark is at 4.71. Overall Score and Standard Error by Contractor for FIs are presented in the right hand column.

Table 3-1: FI Scores

Contractor Name	Overall Score	Standard Error
Benchmark	4.71	0.010
AdminaStar Federal	4.64	0.041
Anthem Health Plans of New Hampshire	4.27	0.079
Associated Hospital Service	4.56	0.043
Associated Hospital Service - Massachusetts	4.45	0.046
BCBS of Arizona	4.82	0.047
BCBS of Georgia	5.00	0.045
BCBS of Nebraska	4.63	0.046
BCBS of Wyoming	4.67	0.089
Blue Cross and Blue Shield of Kansas	5.19	0.025
COSVI / Cooperativa	5.29	0.100
Cahaba GBA	4.59	0.049
Chisholm Administrative Services	4.93	0.026
Empire Medicare Services	4.72	0.029
First Coast Service Options	4.65	0.050
Highmark	4.60	0.031
Medicare Part A, BCBSMT	4.90	0.051
Mutual of Omaha-Medicare Division	4.72	0.044
Noridian (former BCBS Oregon)	4.33	0.032
Noridian Administrative Services, LLC	4.49	0.033
Palmetto GBA	4.76	0.053
Pinnacle Business Solutions, Inc.	4.64	0.029
Riverbend GBA	4.84	0.037
TrailBlazer Health Enterprises, LLC	4.50	0.059

Contractor Name	Overall Score	Standard Error
TriSpan Health Services	4.90	0.040
United Government Services, LLC (UGS)	4.56	0.046
Veritus Medicare Services	4.69	0.042

Source: MCPSS Survey, Westat 2006

As shown in Table 3-2, among RHHIs, Palmetto GBA has the highest score at 4.90 with the benchmark at 4.79. Overall Score and Standard Error by Contractor for RHHIs are presented in Table 3-2 below.

Table 3-2: RHHI Scores

Contractor Name	Overall Score	Standard Error
Benchmark	4.79	0.021
Associated Hospital Service	4.62	0.039
Cahaba GBA	4.81	0.036
Palmetto GBA	4.90	0.047
United Government Services, LLC (UGS)	4.82	0.043

Source: MCPSS Survey, Westat 2006

As shown in Table 3-3, among Carriers, Wisconsin Physicians Service (WPS) Medicare has the highest score at 4.75, followed by Palmetto GBA at 4.72; the Carrier benchmark is at 4.52. Overall Score and Standard Error by Contractor for Carriers are also presented in Table 3-3.

Table 3-3: Carrier Scores

Contractor Name	Overall Score	Standard Error
Benchmark	4.52	0.013
AdminaStar Federal	4.43	0.050
BCBS of Montana	4.47	0.045
Blue Cross and Blue Shield of Kansas	4.59	0.058
CIGNA Government Services	4.43	0.061
Cahaba GBA	4.62	0.057
Empire Medicare Services	4.65	0.060
First Coast Service Options	4.57	0.057
GHI	4.12	0.065
HGSAdministrators	4.68	0.047
HealthNow New York, Inc./Western NY BCBS	4.69	0.058
NHIC	4.52	0.056
Noridian (Former Regence BCBS Utah)	4.12	0.055
Noridian Administrative Services, LLC	4.30	0.066
Palmetto GBA	4.72	0.060

Contractor Name	Overall Score	Standard Error
Part B Trailblazer	4.53	0.049
Pinnacle Business Solutions, Inc.	4.52	0.048
Triple S, Inc.	4.64	0.071
Wisconsin Physicians Service (WPS) Medicare	4.75	0.059

Source: MCPSS Survey, Westat 2006

As shown in Table 3-4, among DMERCs, Palmetto GBA has the highest score at 4.55, with the benchmark at 4.43. Overall Score and Standard error by Contractor for DMERCs are also presented in Table 3-4.

Table 3-4: DMERC Scores

Contractor Name	Overall Score	Standard Error
Benchmark	4.43	0.028
AdminaStar Federal	4.38	0.035
CIGNA Government Services	4.33	0.054
Health Now NY	4.45	0.061
Palmetto GBA	4.55	0.046

Source: MCPSS Survey, Westat 2006

CHAPTER 4

PREDICTORS OF SATISFACTION

Introduction

One of the techniques used in analyzing provider satisfaction data is **key driver analysis**. Key driver analysis uses multivariate techniques to assess the independent effects of measured aspects of a service or product (drivers) on measures of satisfaction. Measures can include additional items as they predict the composite index score, or how components of the composite index score predict overall satisfaction, or both. Once the regressions are completed, the relative sizes of the standardized regression coefficients associated with the drivers are compared and the services that have the strongest influence are identified, independent of the other characteristics in the model, on indicators of satisfaction. Based on these results it is possible to determine on which characteristics of services to focus to improve or maintain provider satisfaction. This is to say, the **results of key driver analysis can help Contractors to identify important improvement opportunities**.

General Findings

There were several general findings widely applicable across models.

- There **is a strong positive correlation** between business functions and individual questions.
- **All of the business function variables were highly statistically significant** with positive coefficients in every model.
- **Strong Predictors of Satisfaction**
 - For FIs, the predictors are provider inquiries, claims processing, and provider audit and reimbursement
 - For RHHIs, the predictors are provider inquiries, claims processing, and provider audit and reimbursement
 - For Carriers, the predictors are provider inquiries, claims processing, and medical review
 - For DMERCs, the predictors are provider inquiries, claims processing, and medical review

- Provider characteristics such as claims volume, provider type, and membership in a chain were not significant in any model. Geographic region, as measured by the CMS Jurisdiction variable, was generally not significant except in the FI models.